FILED
Sep 30, 2004 8:00 am
Secretary of State

09-30-2004 90087 010 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000035112

1. Entity Name: AMERICA'S TRAINING INSTITUTE, LLC

Principal Place of Business	Mailing Address
2932 NW 72ND AVENUE MIAMI, FL 33122	2932 NW 72ND AVENUE MIAMI, FL 33122

07122004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
5445 Collins Ave.	5445 Collins Ave.
Suite, Apt. #, etc.: #1121	Suite, Apt. #, etc.: #1121
City & State: Miami Beach, Florida	City & State: Miami Beach, Florida
Zip: 33140 Country: USA	Zip: 33140 Country: USA

4. FEI Number: 20-0298628 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REUS! ALEXANDER
5201 BLUE LAGOON DRIVE
100
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name: Julio Barbosa
Street Address (P.O. Box Number is Not Acceptable): 121 Alhambra Plaza, 10th Floor
City: Coral Gables FL Zip Code: 33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Julio Barbosa, Legal Consultant
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENDERSON, LUIS 2932 NW 72ND AVENUE MIAMI, FL 33122 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Henderson, Luis 5445 Collins Ave. #809 Miami Beach, Florida 33140 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Luis Henderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #